### 19-10194-mew Doc 75 Filed 07/23/20 Entered 07/23/20 18:14:35 Main Document Pg 1 of 20

Fil	in this information to identify your case:		
De	otor 1 Jonathon Patrick Carroll		
De	First Name Last Name		
	ouae If, filing) First Name Middle Name Last Name		
Un	ited States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK		
	se number 19-10194 nown)		ck if this is an nded filing
<u>O</u> 1	ficial Form 106Sum		
	mmary of Your Assets and Liabilities and Certain Statistical Information		12/15
Into	is complete and accurate as possible. If two married people are filing together, both are equally responsible rmation. Fill out all of your schedules first; then complete the information on this form. If you are filing amen roriginal forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	for supply ded sche	ring correct dules after you file
Pa	Summarize Your Assets		
			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	. \$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	. \$	18,111,426.01
	1c. Copy line 63, Total of all property on Schedule A/B	. \$	18,111,426.01
Par	Summarize Your Liabilities	********	
			liabilities nt you owe
2,	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	14,284,720.07
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	89,063.57
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	113,560.00
	Your total flabilities	\$	14,487,343.64
Par	3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 108I) Copy your combined monthly income from line 12 of Schedule I	. \$	0.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	1,750.00
Par	4: Answer These Questions for Administrative and Statistical Records	·····	
6.	Are you filling for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	our other s	chedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a persona	l, family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this the court with your other schedules.	s box and	submit this form to

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Deb	otor 1 <u>Jonathon</u>	Patrick Carroll	_ Case number	er (if known)	19-10194	
8.	From the Statem 122A-1 Line 11; C	ent of Your Current Monthly Income: Co R, Form 122B Line 11; OR, Form 122C-1	py your total current monthly in Line 14.	come from C	Official Form	\$
9.	Copy the following	ng special categories of claims from Par	rt 4, line 6 of Schedule E/F:		•	
	From Part 4 on S	chedule E/F, copy the following:		Total claim	<i>y</i>	
	9a. Domestic supp	port obligations (Copy line 6a.)		\$	0.00	
	9b. Taxes and cer	tain other debts you owe the government. (	(Copy line 6b.)	\$	89,063.57	
	9c. Claims for dea	th or personal injury while you were intoxic	ated. (Copy line 6c.)	\$	0.00	
	9d. Student loans.	(Copy line 6f.)		\$	0.00	
		sing out of a separation agreement or divo (Copy line 6g.)	rce that you did not report as	\$	0.00	
	9f. Debts to pension	on or profit-sharing plans, and other similar	debts. (Copy line 6h.)	+\$	0.00	-

89,063.57

9g. Total. Add lines 9a through 9f.

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Fill in this info	ormation to identify your	case and this filing:			
Debtor 1	Jonathon Patrick				
Debtor 2	First Name	Middle Name	Last Name		
(Spouse, if filling)	First Name	Middle Name	Lasi Name	44	
United States I	Bankruptcy Court for the:	SOUTHERN DISTRICT OF NEW	YORK		
Case number	19-10194				☐ Check if this is an
		4-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			amended filling
Official E	orm 106A/B				
	ile A/B: Prop	a setur			
in each category, It fits best. Be as	separately list and describe complete and accurate as p	o Items. List an asset only once. If an cossible. If two married people are filliet to this form. On the top of any additional to the cost of the cost	ng together, both are equally	responsible for supplying	correct information. If
Part 1: Describ	e Each Residence, Building	, Land, or Other Real Estate You Own	or Have an Interest In		
1. Do you own o	r have any legal or equitable	Interest in any residence, building, la	nd, or similar property?		
No. Go to P	art 5				
	e is the property?				
	, ,				
Part 2: Describ	e Your Vehicles				
□ No ■ Yes		tility vehicles, motorcycles		Do not deduct secured cla	ims or exemptions. Put
3.1 Make: Model:	Mini Cooper	Who has an interest in the  Debtor 1 only	property? Check one	the amount of any secured Creditors Who Have Claim	claims on Schedule D:
Year.	2006	Debtor 2 only		Current value of the	Current value of the
,,,	ate mileage:	Debtor 1 and Debtor 2 or	•	entire property?	portion you own?
Other info	ormauon:	At least one of the debtor	s and another		
		Check if this is communicated (see instructions)	nity property	\$1,500.00	\$1,500.00
Examples: Bo  ■ No  □ Yes  5 Add the dol     pages you !	eats, trailers, motors, personals, trailers, motors, personals, pe	TVs and other recreational vehic onal watercraft, fishing vessels, sn you own for all of your entries fro Write that number herehold items able interest in any of the followi	owmobiles, motorcycle ac	entries for	\$1,500.00
<b>,</b>	a mild in Star at addets		g	р	ortion you own?
:					o not deduct secured aims or exemptions.

Official Form 106A/B

Schedule A/B: Property

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Debtor 1	Jonathon Patrick Carroll	Case number (if known)	19-10194
<i>Exampl</i> □ No	nold goods and furnishings les: Major appliances, furniture, linens, china, kitchenware  Describe		
	Miscellaneous Household Goods and Furni	iture	\$151,200.00
■ No	nics les: Televisions and radios; audio, video, stereo, and digital equipment; including cell phones, cameras, media players, games  Describe	computers, printers, scanners; music c	ollections; electronic devices
<i>Exampl</i> □ No	ibles of value les: Antiques and figurines; paintings, prints, or other artwork; books, pie other collections, memorabilia, collectibles  Describe	ctures, or other art objects; stamp, coin,	, or baseball card collections;
	Art Works		\$75,000.00
Exemple No	nent for sports and hobbles les: Sports, photographic, exercise, and other hobby equipment; bicycle musical instruments  Describe	s, pool tables, golf clubs, skis; canoes a	and kayaks; carpentry tools;
■ No	ns  oles: Pistols, rifles, shotguns, ammunition, and related equipment  Describe		
□ No	s oles: Everyday clothes, furs, leather coats, designer wear, shoes, acces Describe	sories	
	Clothing		\$5,000.00
■ No	y oles: Everyday jewelry, costume jewelry, engagement rings, wedding rin Describe	igs, helrloom jewelry, watches, gems, g	old, silver
Examp ■ No	rm animals ples: Dogs, cats, birds, horses Describe		
No No	her personal and household Items you did not already list, includir Give specific information	ng any hea <u>lt</u> h alds you did not list	
15. Add the for Pa	he dollar value of all of your entries from Part 3, including any entr art 3. Write that number here	les for pages you have attached	\$231,200.00
	scribe Your Financial Assets		
Do you ow	n or have any legal or equitable interest in any of the following?		Gurrent value of the portion you own? Do not deduct secured

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Debtor 1	Jonathon Patrick C	arroll .	- Tillion VIII (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900)	Case number (if known)	19-10194
					claims or exemptions.
M No	ples: Money you have in y		ome, in a safe deposit box, and on	hand when you file your petit	ion
17. Depos Exam	sits of money iples: Checking, savings, c institutions. If you ha	or other financial accounts	ounts; certificates of deposit; share s with the same institution, list eac	es in credit unlons, brokerage h.	houses, and other similar
			Institution name:		
***************************************	17.1.	Checking	Chase Bank		\$10,388.60
	17.2.	Savings	Chase Bank		\$65,388.73
	17.3،		Barclays Bank		\$801.44
	17.4.		Trustee Savings Bank		\$2,147.24
and Jo □ No	oint venture  Give specific information		orated and unincorporated busing	% of ownership:	st in an ELO, paintership,
Magazina, aya da Manadalina da da a a a a a a a a a a a a a a a a	Ca	rroll Fletcher LLP	1	95 %	\$0.00
	<u>Tal</u>	ke One LLC	The state of the s	99 %	\$0.00
	Lu	cas Property I LL	C	100 %	\$0.00
	<u>Lu</u>	cas Property LLC		%	\$0.00
Negoti Non-n ■ No	lable instruments include pegotiable instruments are Give specific information	personal checks, cas those you cannot tra	tiable and non-negotiable instru hiers' checks, promissory notes, a nsfer to someone by signing or de	and money orders.	
21. Retirer Examµ □ No	ment or pension account ples: Interests in IRA, ERIS	ts SA, Keogh, 401(k), 4	03(b), thrift savings accounts, or o	other pension or profit-sharing	plans
	List each account separat	tely. of account:	Institution name:		
	Pens	ion	Sun Life	• ter whome ensulations introduction of the control	\$600,000.00
Official Forr	m 106A/B	ELE SOUNDAMENTO DE RECONSTRUCTOR DE CONTROL	Schedule A/B; Property	1 A Landid Date State St	page 3

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Debtor 1	Jonathon Patrick Ca	rroll	Case number (if known)	19-10194
Yours	ity deposits and prepaym share of all unused deposits oles: Agreements with land	you have made so that you may	continue service or use from a company (electric, gas, water), telecommunications compan	les, or others
☐ Yes.	***************************************	Institutio	n name or individual:	
■ No		ic payment of money to you, either and description.	r for life or for a number of years)	
		,		
24. Interes 26 U.S.	C. §§ 530(b)(1), 529A(b), a	and 529(b)(1).	program, or under a qualified state tuition pro	gram.
☐ Yes.	Institution n	ame and description. Separately fil	le the records of any interests.11 U.S.C. § 521(c):	
No No			hing listed in line 1), and rights or powers exer	rcisable for your benefit
	Give specific information			
<i>Exam</i> į ■ No	oles: Internet domain name	s, trade secrets, and other intelle s, websites, proceeds from royaltion		
☐ Yes.	Give specific information	ibout them,		
<i>Exam</i> į ■ No		usive licenses, cooperative associa	ation holdings, liquor licenses, professional license	s
	Give specific information a	ibout them		
Money or	property owed to you?	•		Current value of the portion you own? Do not deduct secured claims or exemptions.
28. Tax re	funds owed to you			dante of excisipation.
☐ Yes.	Give specific information a	bout them, including whether you a	already filed the returns and the tax years	
No No	oles: Past due or lump sum		ipport, maintenance, divorce settlement, property	settlement
LJ Tes.	Give specific information	<i>•</i> ••		
Examp	amounts someone owes y oles: Unpald wages, disabil benefits; unpaid loans		penefits, sick pay, vacation pay, workers' compens	sation, Social Security
■ No □ Yes.	Give specific information			
	ts in insurance policies ples: Health, disability, or lif	e insurance; health savings accoun	nt (HSA); credit, homeowner's, or renter's insuranc	ce
☐ Yes.		any of each policy and list its value pany name;	n. Beneficiary:	Surrender or refund value:
If you a	erest in property that is care the beneficiary of a living has died.	lue you from someone who has g trust, expect proceeds from a life	died e insurance policy, or are currently entitled to recei	ve property because
■ No □ Yes.	Give specific information			

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Debtor 1	Jonathon Patrick Carroll	Case number (if known)	19-10194
	against third parties, whether or not you have filed a lawsuit or made a deman les: Accidents, employment disputes, insurance claims, or rights to sue	d for payment	
	Describe each claim		•
34. Other c	ontingent and unliquidated claims of every nature, including counterclaims of	the debtor and rights to	set off claims
☐ Yes.	Describe each claim		
■ No	ancial assets you did not already list		
☐ Yes.	Give specific information		
36. Add th for Pa	e dollar value of all of your entries from Part 4, Including any entries for pages rt 4. Write that number here	you have attached	\$678,726.01
Part 5; Des	cribe Any Business-Related Property You Own or Have an interest in. List any real estate in	Part 1.	
37. Do you o	wn or have any legal or equitable interest in any business-related property? to Part 6.		
Yes. Go	o to line 38.		
			Gurrent value of the portion you own? Do not deduct secured claims or exemptions.
	ts receivable or commissions you already earned		
■ No □ Yes.	Describe		
39. Office e Exampl  ■ No	quipment, furnishings, and supplies es: Business-related computers, software, modems, printers, copiers, fax machines,	rugs, telephones, desks	, chairs, electronic devices
	Describe		
40. Machine	ery, fixtures, equipment, supplies you use in business, and tools of your trade		
	Describe		
41. Inventor	у		
■ No □ Yes. I	Oescribe		
42. Interest	s in partnerships or joint ventures		
	Give specific information about them  Name of entity:	% of ownership:	
43. Custom ■ No.	er lists, mailing lists, or other compilations		
	lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?		
	l No		
	Yes. Describe		

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Del	otor 1	Jonathon Patrick Carroll		Case number (if known)	19-10194
		siness-related property you did not already list			
	□ No				
i	Yes.	Give specific information			
		Real Property LLCs			
		497 Greenwich Street, New Yo	rk, NY		
		556 Third Street, Brooklyn, NY			A47 000 000 00
•		49 Browns Lane, Bellport, NY		- 7 - 3 - V - V - V - V - V - V - V - V - V	\$17,200,000.00
45.	Add t	he dollar value of all of your entries from Part 5, includ	ing any entries for pa	ges you have attached	A47 000 000 00
	for Pa	art 5. Write that number here	***************************************	*****************************	\$17,200,000.00
Pari		scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an Interest in farmland, list it in Part 1.	Own or Have an Interest	ln.	
46.		own or have any legal or equitable interest in any farm	n- or commercial fishi	ng-related property?	
		Go to Part 7.			
	L Yes.	. Go to line 47.			
Pari	7;	Describe All Property You Own or Have an Interest in That You	u Did Not List Above		_
53.		have other property of any kind you did not already lis les: Season tickets, country club membership	t?		
- 1	■ No	out output to total the state of the state o			
C	J Yes.	Give specific information			
54.	Add ti	he dollar value of all of your entries from Part 7. Write t	hat number here	***************************************	\$0.00
Part	8:	List the Totals of Each Part of this Form		L.	
55.	Part 1	: Total real estate, line 2	##\$###################################	***********	\$0.00
56.	Part 2	: Total vehicles, line 6	\$1,500.00		
57.	Part 3	: Total personal and household items, line 15	\$231,200.00		
58,	Part 4	: Total financial assets, line 36	\$678,726.01		
59.	Part 6	: Total business-related property, line 45	\$17,200,000.00		
60,	Part 6	: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	: Total other property not listed, line 54	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$18,111,426.01	Copy personal property to	stal \$18,111,426.01
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$18,111,426.01
				L	

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Debtor 1	Jonathon Patrick	Carroll		
	First Name	Middle Nema	Last Name	
Debtor 2				,
(Spouse if, filing)	First Name	Middle Name	Last Name	**************************************
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF NEW YORK	MANAGE CONTROL OF THE STATE OF
Case number	19-10194			
(if known)				☐ Check if this is an amended filing

### Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt, If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each Item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited

o i	the applicable statutory amount.									
Pá	It 1: Identify the Property You Claim as	Exempt			ayyayyayaanaa aa a					
1.	Which set of exemptions are you claimin	g? Check one only, eve	n if yo	our spouse is filing with you.						
	☐ You are claiming state and federal nonba	ankruptcy exemptions.	11 U.S	S.C. § 522(b)(3)						
	You are claiming federal exemptions. 1	1 U.S.C. § 522(b)(2)								
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.									
	Brief description of the property and line on Current value of the Schedule A/B that lists this property portion you own		Amo	ount of the exemption you claim	Specific laws that allow exemption					
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.						
	2006 Mini Cooper	\$1,500.00		\$1,500.00	11 U.S.C. § 522(d)(2)					
	Line from Schedule A/B: 3.1	***************************************		100% of fair market value, up to any applicable statutory limit						
	Art Works Line from Schedule A/B: 8.1	\$75,000.00		\$8,400.00	11 U.S.C. § 522(d)(3)					
	Line from Schedule A/B: 0.1			100% of fair market value, up to any applicable statutory limit						
	Clothing Line from Schedule A/B: 11.1	\$5,000.00		\$5,000.00	11 U.S.C. § 522(d)(3)					
	Line from Schedule A/B: 11.1	And a second sec		100% of fair market value, up to any applicable statutory limit						
	Checking: Chase Bank Line from Schedule A/B: 17.1	\$10,388.60	<b>E</b>	\$10,388.60	11 U.S.C. § 522(d)(5)					
	Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit						
	Savings: Chase Bank	\$65,388.73		\$3,511.40	11 U.S.C. § 522(d)(5)					
	Line from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit						

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Debtor	Jonathon Patrick Carroll			Case number (if known)	19-10194
	ef description of the property and line on hedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption
		Copy the value from Check only one box for each exemption. Schedule A/B			
	arclays Bank ne from <i>Schedule A/B</i> : 17.3	\$801.44	<b>\$0.00</b>		11 U.S.C. § 522(d)(5)
				100% of fair market value, up to any applicable statutory limit	
	nsion: Sun Life e from <i>Schedule A/B</i> : 21.1	\$600,000.00		\$600,000.00	11 U.S.C. § 522(d)(12)
441	5 Holl 55/1642/67725, 2111			100% of fair market value, up to any applicable statutory limit	
3. Are (St	e you claiming a homestead exemption ubject to adjustment on 4/01/22 and every  No  Yes. Did you acquire the property cover  No Yes	3 years after that for ca	ases f	·	•

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FIII	n this info	ormation to identify your	case:							
Debt	tor 1	Jonathon Patrick	Carroll							
		First Name		die Name	Last Nam	Ð	***************************************			
Debt	tor 2 se if, filing)	First Name	B A Lei	de Maria	Last Nam					
(Spou	5 <del>0</del> 11, (11119)	Lit of Listing	DIM	ile Name	Last Nam					
Unite	ed States E	Bankruptcy Court for the:	SOUTH	ERN DISTRICT OF NE	W YORK	<u> </u>				
Case (if kno	e number	19-10194	**************************************	***************************************				☐ Check	if this is ar	1
L	***************************************		***************************************			***************************************		ameno	led filing	
Offi	cial Fo	rm 106E/F								
	·	E/F: Creditors W	ho Ha	ve Unsecured (	Claim	s			12/15	•
any ex Sched D: Cre the Co numbe	ecutory co lule G: Exec editors Who entinuation er (if known	nd accurate as possible. Use ntracts or unexpired leases to cutory Contracts and Unexpiral Have Claims Secured by Pro Page to this page. If you have b). All of Your PRIORITY Un	hat could red Leases operty. If me no inform	esult in a claim. Also list (Official Form 106G). Do ore space is needed, cop ation to report in a Part, c	executor not included the Part	y contracts le any cred vou need.	on Schedule A/B: Pro itors with partially see fill it out, number the	operty (Official Form cured claims that are entries in the boxes	106A/B) and listed in So	d on hedule Altach
		itors have priority unsecured					~~~			
	☐ No. Go to			-						
I	Yes.									
2. L	ist all of yo lentify what ossible, list	ur priority unsecured cialms. type of claim it is. If a claim has the claims in alphabetical orde in one creditor holds a parficula	s both priorit r according	y and nonpriority amounts, to the creditor's name. If yo	list that cl u have mo	aim here ar	d show both priority an	d nonoriority amounts.	As much as	ł
(F	For an expla	nation of each type of claim, se	e the instru	ctions for this form in the in	struction l	ooklet,)		<b></b>		
							Total claim	Priority amount	Nonpriorit amount	У
2.1	*************	al Revenue Service	50° 40° 40° 40° 40° 40° 40° 40° 40° 40° 4	Last 4 digits of account	number	-	\$39,063.57	\$39,063.57	* *************************************	\$0.00
	•	Creditor's Name rotech Center		When was the debt incu	irred?	2013 - 2	201R			
	Brook	lyn, NY 11201				,==-	***	•		
		Street City State Zip Code		As of the date you file, t	he claim	is: Check a	Il that apply			
		ed the debt? Check one.		☐ Contingent						
	Debtor 1	•		☐ Unliquidated						
	Debtor 2	•		Disputed						
	☐ Debtor 1	and Debtor 2 only		Type of PRIORITY unsec	cured cla	im:				
	☐ At least	one of the debtors and another		☐ Domestic support abili	gations					
	Check I	f this claim is for a communi	ty debt	Taxes and certain other	er debts y	ou owe the	government			
		subject to offset?		Claims for death or personal injury while you were intoxicated					•	
	■ No □ Yes			Other. Specify						
	Li res	***		Inco	ome Ta	xes				
2.2	UK Inl	and Revenue		Last 4 digits of account	number		\$50,000.00	\$50,000.00		\$0.00
	Priority C BX9 1	Creditor's Name	***************************************	When was the debt incu		2001	<u> </u>		A VISSO OF TAXABLE AS TRAPES STORY	Ψο.σο
		Street City State Zip Code	***************************************	As of the date you file, the	he claim l	s: Check al	I that apply			
1	Who Incurr	ed the debt? Check one.		☐ Contingent						
	Debtor 1	only		☐ Unliquidated						
	Debtor 2	only		☐ Disputed						
		and Debtor 2 only		Type of PRIORITY unsec	cured clai	m:				
		one of the debtors and another		☐ Domestic support oblk						
		this claim is for a communi		Taxes and certain other	-	ou owe the	overnment			
		subject to offset?	.,	Claims for death or pe			='			
	■ No	-		Other. Specify	•					
	☐ Yes			Tax	es			***		

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Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you?	
3. Do any creditors have nonpriority unsecured claims against you?	
· · · · · · · · · · · · · · · · · · ·	
☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.	
₩ Yes.	
4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one reclaim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Part To	f more then one
4.1 Chirstopher Leaf Last 4 digits of account number  Nonpriority Creditor's Name	\$105,000.00
50 Duncan Terrace When was the debt Incurred? 08/6/2006 through 09/2016 London N18AG	
Number Street City State Zip Code  As of the date you file, the claim is: Check all that apply	•
Who Incurred the debt? Check one.	
Unliquidated	
☐ Debtor 2 only ☐ Disputed	
☐ Debtor 1 and Debtor 2 only  Type of NONPRIORITY unsecured claim:  ☐ At least one of the debtors and another  ☐ Student lease	
Fig. 1. (a.c. 1. )	
☐ Check If this claim is for a community debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No □ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes ☐ Other. Specify Storage	
4.2 Padded Wagon Last 4 digits of account number	\$8,560.00
Nonpriority Creditor's Name 61 State Street When was the debt incurred? 2018 - 2019 Paterson, NJ 07501	
Number Street City State Zip Code As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	
Debtor 1 only	
Debtor 2 only	
Debtor 1 and Debtor 2 only  Type of NONPRIORITY unsecured claim:	
☐ At least one of the debtors and another ☐ Student loans	
☐ Check If this claim is for a community debt is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No □ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes ☐ Other. Specify Storage	
Part 3: List Others to Be Notified About a Debt That You Already Listed	
5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a c trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Sir more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional person any debts in Parts 1 or 2, do not fill out or submit this page.	mllarly If you have
Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?	
Internal Revenue Service Line 2.1 of (Check one):  Part 1: Greditors with Priority Unsecured Claims Insolvency Group 4	
290 Broadway, 5th Floo	19
New York, NY 10007  Last 4 digits of account number	
Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?	
United States Attorney  Line 2.1 of (Check one):  Be Part 1: Creditors with Priority Unsecured Claims  Attn: Tax and Bankruptcy Unit	ns.
New York, NY 10007  Last 4 digits of account number	

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Debtor 1 Jor	nathon	Patrick Carroll	Case no	ımber (if known)	19-10194	
Pari 4: Add	the Ar	nounts for Each Type of Unsecured Claim				
6. Total the amount of unsecured	unts of e	certain types of unsecured claims. This information is for statistical re	porting p	urposes only. 28 (	J.S.C. §159. Add the amou	nts for each type
				Total	Claim	
	6a.	Domestic support obligations	6a.	\$	0.00	
Total claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ ·	90 002 F7	
	6c.	Claims for death or personal injury while you were intoxicated	6c.	s	89,063.57 0.00	
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	s	0.00	
	6e.	Total Priority, Add lines 6a through 6d.	6e.	\$	89,063.57	
				Total	Claim	
	6f,	Student loans	6f.	\$	0.00	
Total claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you	ı			
	-0.	did not report as priority claims	6g,	\$	0.00	
	6h.	Debts to pension or profit-sharing plans, and other similar debts	вh.	\$	0.00	
	61.	Other, Add all other nonpriority unsecured claims. Write that amount here	. 6l.	\$	113,560.00	
	6j.	Total Nonpriority. Add lines 6f through 6l.	6j.	\$	113,560.00	

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						i
***************************************		nation to identify your				
Debt	or 1	Jonathon Patrick	Carroll Middle Nan	ne	Last Name	
Debt				***	·	
	se if, filing)	First Name	Middle Nan		Last Name	
Unite	d States Ba	nkruptcy Court for the:	SOUTHERN	DISTRICT OF NEW	/ YORK	
		19-10194				
(if knov	vn)					☐ Check If this is an amended filing
L	<del></del>		NOTICE THE PROPERTY OF THE PRO			aniended illing
∩ffi	cial Eo	rm 106G				
	***************************************		Contra	oto and lin	avaired Lancas	
					expired Leases g together, both are equally respon	12/15
inforn	nation. If m	ore space is needed, c	opy the additio	mai page, fill it out	g together, both are equally respond t, number the entries, and attach it	to this page. On the top of any
additi	onal pages,	, write your name and	case number (i	f known).		
		any executory contra	•			
					hedules. You have nothing else to re	
L.	J Yes. Fill Ir	all of the information be	elow even if the	contacts of leases	are listed on Schedule A/B:Property (	Official Form 106 A/B).
2. L	ist separate	ely each person or con	npany with who	om you have the c	ontract or lease. Then state what e form in the instruction booklet for mo	ach contract or lease is for (for
a	nd unexpire	d leases.	none). See the	manucions for this	Joint in the instruction booklet to the	re examples of executory contracts
l	Person or c	ompany with whom yo Name, Number, Street, City,			State what the contract or lease	ls for
2.1	······································	Name, Number, Street, City,	State and ZIP Code			
	Name			eterkerketettettettettette å far var var var var var var var var var v		
	Number	Street			Alwa .	
				www.	<b></b>	
2,2	City	***************************************	State	ZIP Code	Амен ( тороже, честем разметатара предпрастранизация предпрастранизация (предпрастранизация), учён даментам	
_,	Name	(V.	****	***************************************	-	
	***************************************			**********	ana.	
	Number	Street				
2.3	City		State	ZIP Code	· · · · · · · · · · · · · · · · · · ·	***************************************
2.3	Name					
	Number	Street			<del></del>	
	City		State	ZIP Code	name	
2.4	Name			***************************************	····	
	Hamo					
	Number	Street	***************************************		~•	
	City		State	ZIP Code		
2.5	TOTAL TOTAL TOTAL STREET				educum direction and the Colonia of	амиро возменаранца породом объема на постоя на пред 1864 година и пред 1864 година и пред 1864 година и постоя
	Name					
	Number	Street			···	

City

ZIP Code

State

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Fill in th	is information to iden	tify your case:			,
Debtor 1	Jonathon First Name	Patrick Carroll			
Debtor 2	First Name	Middle Name	Lest Neme		
(Spouse if, i	filing) First Name	Middle Name	Last Name	***************************************	
United S	tates Bankruptcy Court	for the: SOUTHERN DISTRIC	T OF NEW YORK		
Case nui	mber 19-10194				
(if known)					☐ Check if this is an
	***	A STATE OF THE STA			amended filing
Officia	al Form 106H				
Sche	dule H: Your	Codebtors			12/15
people ar fill it out,	e filing together, both and number the entric	is who are also liable for any de are equally responsible for sup as in the boxes on the left. Attac known). Answer every question	plying correct informs th the Additional Page	ition. If more space is	rate as possible. If two married needed, copy the Additional Page, op of any Additional Pages, write
1. Do	you have any codebt	ors? (If you are filing a joint case,	do not list either spous	e as a codebtor.	
■ No	-				
2. Wi	ithin the last 8 years, t	nave you lived in a community p pulsiana, Nevada, New Mexico, Pi	property state or territo uerto Rico, Texas, Wasi	ery? (Community proper hington, and Wisconsin,	ty states and territories include
		, , , , , , , , , , , , , , , , , , , ,	,		,
	o, Go to line 3. es. Did your spouse, for	mer spouse, or legal equivalent liv	ve with you at the time?		
in iin Form	e 2 again as a codebt	or only if that person is a guara	ntor or cosigner. Make	sure you have listed	ng with you. List the person shown the creditor on Schedule D (Official , Schedule E/F, or Schedule G to
	Column 1: Your codel Name, Number, Street, City, S			Column 2: The cre Check all schedule	editor to whom you owe the debt es that apply:
3.1				☐ Schedule D, lin	<b>e</b>
******	Name			☐ Schedule E/F,	line
				☐ Schedule G, lin	8
	Number Straet City	State	ZIP Code		
3.2	***************************************			☐ Schedule D, lin	e
L	Name	- Parker of a managery of the state of the s	Pa 2 1 5	☐ Schedule E/F,	
				☐ Schedule G, lin	
	Number Street	A			
	City	State	ZIP Code		

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If more space is needed.		I in this information to identify your o	ase:					
United States Bankruptoy Court for the: SOUTHERN DISTRICT OF NEW YORK    Case number	De	btor 1 Jonathon P	atrick Carroll					
Case number (# known)    Check if this is:   An amended filing   A	1 -				TO THE STATE OF TH			
Official Form 106  Schedule I: Your Income  12/15 Bo as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct Information. If you are married and not filling jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filling with you, do not include information about your spouse is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question if you have more than one job, attach a separate page with information about additional employers.    Fill in your employment   Debtor 2 or non-filling spouse   Employment status   Employer same   Employer's name   Employer's name   Employer's address or homemaker, if it applies.    How long employed there?	Un	ited States Bankruptcy Court for the	SOUTHERN DISTRIC	OT OF NEW YORK				
Schedule I: Your Income  Bo as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filling lointly, and your spouse is living with you, include information about your spouse. If more space is needed, and a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question    Part 1	1			-		☐ An amende☐ A suppleme	ed filing ent showing postpe	
Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information, it you are separated and your spouse is Infiling with you, include information about your spouse. If you are separated and your spouse is not filling with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (If known). Answer every question    Part	O	fficial Form 106I					_	uate:
Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are separated and not lilling plothity, and your spouse is living with you, include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages well to help our pages, write your name and case number (if known). Answer every question pages is lowly our name and case number (if known). Answer every question pages is lowly our name and case number (if known). Answer every question pages is lowly our name and case number (if known). Answer every question pages, write your name and	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ome			MINI / DD/ Y	Y Y Y	12/15
1. Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Occupation  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  How long employed there?  Fart 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  Eor Debtor 1 For Debtor 2 or non-filing spouse.  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 0.00 \$ N/A	sup spo atta	plying correct information. If you use. If you are separated and you ich a separate sheet to this form.	are married and not fill Ir spouse is not filing w	ng jointly, and your ith you, do not inclu	spouse is liv ide information	ing with you, inc on about your sp	lude information a ouse, if more space	about your ce is needed.
Information.  If you have more than one job, attach a separate page with information about additional employers.  Occupation  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  How long employed there?  Part 2: Give Details About Monthly Income  Estimate monthly Income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.  If you or your non-filling spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. Sound \$N/A\$  Not employed   Employed   Employed   Not employed   Not employed   Not employed   Not employed   Not employed   In the space, include your non-filling spouse in		7						<del>)                                      </del>
attach a separate page with Information about additional employers.  Occupation  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  How long employed there?  Eatimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  Eor Debtor 1 For Debtor 2 or non-filing spouse.  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 0.00 \$ N/A  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A	1.			Debtor 1				use
Information about additional employers.  Occupation  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  How long employed there?  Eart 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse.  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 0.00 \$ N/A  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A		If you have more than one job,	Employment status	☐ Employed		☐ Emple	oyed	
Include part-time, seasonal, or self-employed work.  Occupation may linclude student or homemaker, if it applies.  How long employed there?  Fart 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 0.00 \$ N/A  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A		Information about additional	ampiormone status	Not employed		☐ Not e	mployed	
Self-employed work.  Occupation may include student or homemaker, if it applies.  How long employed there?  Fart 23.  Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 0.00 \$ N/A  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A		, .	Occupation	*****		V F		Married 1/ of the cold and an invited State Assessment Community
How long employed there?    Part 2: Give Details About Monthly Income			Employer's name	***				
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A			Employer's address					
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.    For Debtor 1   For Debtor 2 or non-filing spouse			How long employed ti	here?				
spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.    For Debtor 1   For Debtor 2 or non-filing spouse	Pa	rt 2: Give Details About Mor	nthly Income					
List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  Estimate and list monthly overtime pay.  Estimate and list monthly overtime pay.  Eor Debtor 1 For Debtor 2 or non-filling spouse  2. \$ 0.00 \$ N/A  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A			ate you file this form. If	you have nothing to re	eport for any l	ine, write \$0 in the	space. Include yo	ur non-filing
List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 0.00 \$ N/A  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A	If yo	ou or your non-filing spouse have mo e space, attach a separate sheet to	ore than one employer, co	ombine the information	n for all emplo	oyers for that perso	on on the lines belo	w. If you need
2. deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 0.00 \$ N/A  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A							For Debtor 2 or non-filing spou	se
	2.	List monthly gross wages, salar deductions). If not paid monthly,	ry, and commissions (be calculate what the month	efore all payroll ly wage would be.	2. \$_	0.00	\$8	1/A
4. Calculate gross Income. Add line 2 + line 3. 4. \$ 0.00 \$ N/A	3.	Estimate and list monthly overti	ime pay.		3. +\$	0.00	+\$	<del>\</del> /A_
	4.	Calculate gross Income. Add lin	ne 2 + line 3.		4. \$_	0.00	\$ N/A	

Del	otor 1	Jonathon Patrick Carroll		C	ase number (if known)	19-10	)194		
				F	For Debtor 1		Debto	r 2 or spouse	
	Cop	by line 4 here	4.	-5	0.00	\$		N/A	
5.	List	all payroll deductions:							
	5a. 5b. 5c.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans	5a. 5b. 5c.	. 5	0,00	\$ 		N/A N/A N/A	
	5d. 5e.	Required repayments of retirement fund loans insurance	5d. 5e.	. 9	0.00 0.00	\$ \$		N/A N/A	
	5f. 5g. 5h.	Domestic support obligations Union dues Other deductions. Specify:	5f. 5g. 5h.	. \$	0.00 0.00 0.00	\$ \$ + \$		N/A N/A N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$		N/A	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$		N/A	
8.	8b. 8c.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependen regularly receive	8a. 8b. t		0.00	\$ 		N/A N/A	
	8d.	Include allmony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation	8c. 8d.	\$	0.00	\$		N/A N/A	
	8e. 8f.	Social Security	8e.	\$	0.00	\$		N/A	
		Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.	\$	0.00	\$		N/A	
	8g. 8h,	Pension or retirement income Other monthly income. Specify:	8g. 8h.		0.00	\$ + \$	<del></del>	N/A N/A	
9.		all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	0.00	\$		N/A	
10,		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	3	0.00 + \$	W A &	N/A	\$	0.00
11.	Inclu othe	e all other regular contributions to the expenses that you list in <i>Schedul</i> e de contributions from an unmarried partner, members of your household, your friends or relatives.  In include any amounts already included in lines 2-10 or amounts that are not cify:	r depe		•	•		le J. +\$	0.00
12.	Add Write appl	the amount in the last column of line 10 to the amount in line 11. The resent that amount on the Summary of Schedules and Statistical Summary of Certains	sult is aln Lia	the bilitie	combined monthly less and Related Date	ncome. 9, If it	12.	\$	0.00
13.	Doy	rou expect an increase or decrease within the year after you file this form	1?					Combined monthly in	-
		No.	****************				-	****	

Fil	In this information to identify your case:				
De	Jonathon Patrick Carroll		Che	ck if this is:	
Del	btor 2			An amended filing	ving postpetition chapter
•	ouse, If filing)			13 expenses as of	the following date:
Unl	tted States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW	YORK	'	MM / DD / YYYY	
Cas	se number 19-10194				
(If k	(nown)				
0	fficial Form 106J				
	chedule J: Your Expenses				12/15
Be inf	as complete and accurate as possible. If two married people an ormation. If more space is needed, attach another sheet to this mber (if known). Answer every question.	re filing together, b form. On the top o	oth are eq f any addit	ually responsible fo lonal pages, write	or supplying correct
Pa 1.	It 1: Describe Your Household Is this a joint case?		17 40 Miss war a drawle		The state of the s
	No. Go to line 2.				
	Yes. Does Debtor 2 live in a separate household?				
	☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses	s for Separate House	ahold of Del	btor 2,	
2.	Do you have dependents? $\square$ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relation	2	Dependent's age	Does dependent live with you?
	Do not state the		M(MR25252522		No
	dependents names.	Son		15	☐ Yes
					□ No
		<del></del>			☐ Yes ☐ No
					□ Yes
		<u> </u>			□ No
					☐ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?				
Par	12. Estimate Your Ongoing Monthly Expenses				
Est	lmate your expenses as of your bankruptcy filing date unless y penses as of a date after the bankruptcy is filed. If this is a supp plicable date.	ou are using this followed	orm as a su J, check t	upplement in a Cha he box at the top o	pter 13 case to report f the form and fill in the
		<b>.</b>	٠,	والممول المعاورات	en e
	lude expenses paid for with non-cash government assistance it value of such assistance and have included it on Schedule I: y				
	ficial Form 106l.)		A Particular	Your expe	nses
	The mental and areas assumed to a second and a second assumed to a second assumed assumed to a second assumed to a second assumed to a second assu	- In the Plant of the Committee of the C	R= #.N400000		
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgage	4. \$	)	0.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$	<b>;</b>	0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		0.00
6	4d. Homeowner's association or condominium dues	ann amhille i ann	4d. \$		0.00
5,	Additional mortgage payments for your residence, such as hor	ne equity loans	5. \$		0.00

Del	otor 1	Jonathon Patrick Carroll	Case nun	nber (if known)	19-10194
6.	Utilit	les;			
	6a.	Electricity, heat, natural gas	6a.	. \$	1,000.00
	6b.	Water, sewer, garbage collection	6b.	•	500.00
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c,		250.00
	6d.	Other, Specify:	6d.		0.00
7.		and housekeeping supplies	7.		
8.		care and children's education costs	8.		0.00
9.		ling, laundry, and dry cleaning		***	0.00
		onal care products and services	9,		0.00
			10.		0.00
11.		cal and dental expenses	11.	\$	0.00
12.	Don	sportation. Include gas, maintenance, bus or train fare.	12.	S	0.00
12		ot include car payments.			
		fainment, clubs, recreation, newspapers, magazines, and books	13.	·	0.00
		table contributions and religious donations	14.	\$	0.00
10.	Insur				
	150	ot include insurance deducted from your pay or included in lines 4 or 20.  Life insurance			
			15a.		0.00
		Health insurance	15b.	·	0.00
		Vehicle insurance	15c.	\$	0.00
		Other insurance. Specify:	15d.	\$	0.00
16.	Taxes	3. Do not include taxes deducted from your pay or included in lines 4 or 20.			<u> </u>
	Speci	-	16.	\$	0.00
17.		liment or lease payments:			
		Car payments for Vehicle 1	17a.	\$	0.00
		Car payments for Vehicle 2	17b,	\$	0.00
	17c.	Other. Specify:	17c.	\$	0.00
		Other, Specify:	17d.	\$	0.00
18.	Your	payments of allmony, maintenance, and support that you did not report as	<del></del> 5		
	dedu	cted from your pay on line 5, Schedule I, Your Income (Official Form 1061).	18.	\$	0.00
19.	Other	payments you make to support others who do not live with you.		\$	0.00
	Speci		19.	***************************************	
20.	Other	real property expenses not included in lines 4 or 5 of this form or on Sch	edule I: Y	our Income.	
	20a.	Mortgages on other property	20a.		0.00
	20b.	Real estate taxes	20b.	\$	0.00
	20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d.	Maintenance, repair, and upkeep expenses	20d.	•	0.00
		Homeowner's association or condominium dues	20e.		0.00
21		* Specify:		+\$	TV PROPERTY TO THE SECRET AND ADDRESS OF THE SECRET ADDRESS
				1.Φ	0.00
22.	Calcu	late your monthly expenses			
	22a. /	Add lines 4 through 21.		\$	1,750.00
	22b. (	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	11.00.00
		add line 22a and 22b. The result is your monthly expenses.		*	A WED OG
	220, 7	and this 228 and 225. The result is your monthly expenses.		Φ	1,750.00
23.	Calcu	late your monthly net Income.			De Para Barrasa, em propor a poly a citar pode a model manager, blanck poly a ball model propor de para a respect
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	0.00
	23b.	Copy your monthly expenses from line 22c above.	23b.	·	1,750.00
					7,1,00,00
	23c.	Subtract your monthly expenses from your monthly income.			
		The result is your monthly net income.	23c.	\$	-1,750.00
		• •		**************************************	
24.	Do yo	u expect an increase or decrease in your expenses within the year after yo	ou file this	s form?	
	For exa	ample, do you expect to finish paying for your car loan within the year or do you expect your	mortgage pa	syment to increase	e or decrease because of a
		eation to the terms of your mortgage?			
	■ No			_	
	☐ Ye	s. Explain here:			
					**************************************

A STATE OF STREET	nation to identify your	case:			
Debtor 1	Jonathon Patrick	Carroli		the water to the same of the s	
Debase	First Name	Middle Name	Last Namo		
Debtor 2 (Spouse II, filing)	First Name	Middle Name	Leal Namo		
United States Bar	nkruptcy Court for the:	SOUTHERN DISTRIC	T OF NEW YORK		
Case number 1	19-10194			ļ <del>ļ.</del>	k If this is an ded filing
Official Form	n 106Dec ion About a	n Individua	I Debtor's Sched	ules	12/15
If two married pe	obie sie unu8 mäene	2 nom to exemit seal	ponsible for supplying correct inf		
obtaining money years, or both. 18	s form whenever you fi or property by fraud i B U.S.C. §§ 152, 1341, 1	le bankruptcy schedul connection with a ba	es or amended schedules. Makin inkruptcy case can result in fines	n a false statement, conceal	ing property, or nent for up to 20
obtaining money years, or both. 18	s form whenever you fi or property by fraud to 8 U.S.C. §§ 152, 1341, 1 n Below	le bankruptcy schedul n connection with a ba 519, and 3571.	omondod schoduloc lišakin	g a false statement, conceal up to \$250,000, or imprison	ing property, or nent for up to 20
obtaining money years, or both, 18 Sign Did you pay	s form whenever you fi or property by fraud to 8 U.S.C. §§ 152, 1341, 1 n Below	le bankruptcy schedul n connection with a ba 519, and 3571.	les or amended schedules. Makin Inkruptcy case can result in fines	g a false statement, conceal up to \$250,000, or imprison	Preparer's Nolice,

Official Form 106Dec

Declaration About an Individual Debtor's Schedules